

39147
Form B.

WIDOW'S APPLICATION FOR A PENSION

The Comptroller of Public Accounts receives the right to call for additional testimony if he deems it necessary.
3-9-32

Name of Applicant.

Mr. J. S. [unclear]
[unclear] County.

Postoffice

Palatine

Spokane

Filed 7-14-33

Approved 7-19-33

Pensioned by [unclear] from June 1 1933

Rejected [unclear]

Comptroller of Public Accounts.



Compliments of
East Texas Genealogical Society
www.rootsweb.com/~txetgs

For Use of Widows of Soldiers Who Are in Indigent Circumstances

THE STATE OF TEXAS,

County of Anderson

I, Mrs. J W Stevens do hereby make application to the Comptroller of Public Accounts for a pension, to be granted me under the Act passed by the Thirty-third Legislature of the State of Texas, and approved April 7, A. D. 1913, on the following grounds:

I am the widow of J W Stevens deceased, who departed this life on the 25 day of Jan, A. D. 1923 in the county of Anderson in the State of Texas

I have not remarried since the death of my said husband, and I do solemnly swear that I was never divorced from my said husband, and that I never voluntarily abandoned him during his life, but remained his true, faithful and lawful wife up to the date of his death. I was married to him on the 19 day of Dec, A. D. 1866 in the county of Union Parish in the State of La

My husband, the said J. W. Stevens, enlisted and served in the military service of the Confederate States during the war between the States of the United States, and that he did not desert the Confederate service. I have been a resident of the State of Texas since prior to January 1, A. D. 1900, and have been continuously since a citizen of the State of Texas. I do further state that I do not receive from any source whatever money or other means of support amounting in value to the sum of \$300.00 per annum, nor do I own in my own right, nor does anyone hold in trust for my benefit or use, estate or property, either real, personal or mixed, either in fee or for life, of the value of one thousand dollars, exclusive of the home of the value of not over \$1000; nor do I receive any aid or pension from any other State, or from the United States, or from any other source, and I do further state that the answers given to the following questions are true:

1. What is your age? 75 years
2. Where were you born? Union Parish La Feb 27, 1848
3. How long have you resided in the State of Texas? March 1868
4. How long have you resided in the county of your present residence? And what is your postoffice address? Salisbury Texas
5. Did your husband draw a pension? If so, give his file number # 5128
6. What was your husband's full name? James Wesley Stevens
7. What was the date of his death? Jan 25 1923
8. In what State was your husband's command originally organized? Arkansas
9. How long did your husband serve? If known to you, give date of enlistment and discharge. About 4 yrs, Ser claim No. # 5128
10. What was the name or letter of the company, or number of the battalion, regiment or battery of artillery in which your husband served? If he was transferred from one branch of service to another, give time of transfer, description of command and time of service See # 5128
11. Name branch of service in which your husband served, whether infantry, cavalry, artillery, or the navy, or if commissioned as an officer by the President, his rank and line of duty, or if detailed for special service, under the law of conscription, the nature of such service, and time of service. Infantry
See # 5128

12. Have you transferred to others any property of any kind for the purpose of becoming a beneficiary under this law? No.

Wherefore your petitioner prays that her application for a pension may be approved and such other proceedings be had in the premises as are required by law.

(Signature of Applicant) Mrs J W Stevens

Sworn to and subscribed before me this 20 day of June A. D. 1923

W. C. Smith
County Judge Anderson County, Texas.

[Seal.]

*Where applicant has remarried it is necessary that she state facts covering particulars of last marriage, date, to whom married, and date of last husband's death. She must also state that she is now a widow.

AFFIDAVIT OF WITNESSES

[Note.—There must be at least two creditable witnesses.]

THE STATE OF TEXAS,
County of Anderson

Before me, W. C. Lurich, County Judge of Anderson County,
State of Texas, on this day personally appeared T. C. Spencer & F. E. Prier, who are personally
known to me to be creditable citizens, who, being by me duly sworn, on oath state that they personally know
that Mrs. J. H. Starnes, applicant for a pension as the widow of J. H. Starnes
deceased, is in truth and fact the widow of J. H. Starnes deceased; that they personally
know that she has not remarried since the death of her husband, for whose services in the army she claims
a pension, and that they have no interest in this claim.*

(Signature of Witness) T. C. Spencer
(Signature of Witness) F. E. Prier

Sworn to and subscribed before me, this 20 day of June, A. D. 1923
W. C. Lurich

[Seal.] County Judge Anderson County, Texas.

*Where applicant has remarried it is necessary that she state facts covering particulars of last marriage, date, to whom married, and date of last husband's death. She must also state that she is now a widow.

AFFIDAVIT OF WITNESSES

[Note.—There must be at least two creditable witnesses.]

THE STATE OF TEXAS,
County of Anderson

Before me, W. C. Lurich, County Judge of Anderson County,
State of Texas, on this day personally appeared T. C. Spencer & F. E. Prier, who are personally
known to me to be creditable citizens, who, being by me duly sworn, on oath state that they personally know
the above named applicant for pension, and that they personally know that the said Mrs. J. H. Starnes
has been a bona fide resident citizen of the State of Texas since prior to January 1, A. D. 1900, and that they
have no interest in this claim.

(Signature of Witness) T. C. Spencer
(Signature of Witness) F. E. Prier

Sworn to and subscribed before me, this 20 day of June, A. D. 1923
W. C. Lurich

[Seal.] County Judge Anderson County, Texas.

Duplicate

APPLICATION FOR MORTUARY WARRANT

THE STATE OF TEXAS,

County of Anderson } I, Saletta Jones

do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of the late Mrs. J. W. Stevens, who was a pensioner of the State of Texas, and whose file number was 39147 and whose original county was Anderson

The said pensioner Mrs J W Stevens, died on the 8th day of Febry, 1932, in the town of Palestine

County of Anderson, Texas

The pensioner died in the home of Mrs J W Stevens who was related to the pensioner as Daughter

That the warrant, which application is hereby made for, shall be applied to paying all or part of the funeral expenses incurred by the said pensioner Mrs J W Stevens

I further certify that the warrant for the current quarter has not been cashed by the pensioner, to the best of my knowledge and belief.

I am related to the pensioner as (Friend) Daughter

that my postoffice address is Palestine 904 N Jordan St Street or R. F. D. Texas City State

Signed Mrs Saletta Jones March, 1932

Sworn to before me this 10 day of March, 1932

Ermine Fran

Notary Public in and for Anderson County State of Texas.

Must return before 40 days expires from date of Pensioners' death

CERTIFICATE OF UNDERTAKER

I, J. L. Bailey, do certify that I am undertaker in the town of Palestine, County of Anderson, State of Texas that I had charge of the body of Mrs J W Stevens, who died in the town of Palestine, County of Anderson, State of Texas on the 8th day of Febry, 1932. That said body was prepared for burial by me on the 8th day of Febry, 1932 and that I am of the opinion that warrant herein applied for should be issued to the said Saletta Jones who makes the foregoing application.

(TX)

Signed J. L. Bailey Undertaker.

CERTIFICATE OF PHYSICIAN

I, R. Q. Hunter, do certify that I am a practicing physician, and that I attended Mrs J. W. Stevens in his last illness, and am of the opinion that his ailments were Cerebral thrombosis, i Paralysis Rt arm & partial of Rt leg; arteriosclerosis, senility; Vascular Hypertension.

I further certify that I am of the opinion that the Mortuary Warrant above requested should be issued in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-eighth Legislature and approved March 2, 1923.

Signed R. Q. Hunter

Physician's Address Palestine Texas

cert

3-9-32

39147

W. J. ...

APPLICATION FOR MORTUARY WARRANT

THE STATE OF TEXAS,

County of *...* State of *...*
I, *...* do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of the late *...* who was a pensioner of the State of *...* and whose original county was *...* and whose number was *...* and who died on the *...* day of *...* 19*...* in the town of *...* County of *...* Texas.

The pensioner died in the home of *...* who was related to the pensioner as *...* That the warrant, which application is hereby made for, shall be applied to paying all or part of the funeral expenses incurred by the said pensioner. I further certify that the warrant for the current quarter has not been cashed by the pensioner, to the best of my knowledge and belief.

I am related to the pensioner as (Friend)
that my postoffice address is *...*
City *...* State *...*
Signed *...* day of *...* 19*...*

Notary Public in and for *...* State of Texas

Notary Seal

I, *...* do certify that I am undertaker in the town of *...* County of *...* State of *...* that I had charge of the body of *...* who died in the town of *...* County of *...* State of *...* on the *...* day of *...* 19*...* That said body was prepared for burial by me on the *...* day of *...* 19*...* and that I am of the opinion that warrant herein applied for should be issued in the said *...* who makes the foregoing application.

Signed *...* Undertaker

CERTIFICATE OF PHYSICIAN

I, *...* do certify that I am a practicing physician, and that I attended *...* in the last illness, and am of the opinion that his ailments were *...*

I further certify that I am of the opinion that the Mortuary Warrant above requested should be issued in the name of the aforementioned applicant in accordance with Act passed by the Thirty-eighth Legislature and approved March 2, 1923.

Signed *...* Physician's Address *...*

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